L03000038278

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: SGenerotti@amsurg.com

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2015 APR 23 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 22 AM 10:00

## LLC REGISTERED AGENT CHANGE
## SOUTH PALM AMBULATORY SURGERY CENTER, LLC

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|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $25.00 |

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APR 24 2014

C. CARROTHERS

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**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH PALM AMBULATORY SURGERY CENTER, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN GENEROTTI
Name of Person

AMSURG CORP.
Firm/Company

1A BURTON HILLS BLVD.
Address

NASHVILLE, TN 37215
City/State and Zip Code

SGenerotti@amsurg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIE LEIBA-PAUL at (800) 277-9977
Name of Person — Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $35 Filing Fee & Certified Copy

INHS18 (2/14)

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: SOUTH PALM AMBULATORY SURGERY CENTER, LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

1905 CLINT MOORE RD., SUITE 115

BOCA RATON, FL 33496

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

1A BURTON HILLS BLVD

NASHVILLE, TN 37215

3. Date of filing/registration in Florida: 10/07/2003

4. Document number: L09000038278

5. (a) CORPDIRECT AGENTS, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1200 SOUTH PINE ISLAND ROAD

MIAMI, FL 33324

(b) NRAI Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

CLAIRE M. GULMI

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

NRAI Services, Inc.
By: Natalie Leiba-Paul
Signature of Registered Agent Natalie Leiba-Paul - Special Assistant Secretary

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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